2010 Endorsement Request Form
Louisville.Jefferson County Metro Government
Department of Housing Family Services Housing and Community Development Division

Applicant Name									
Project Name									
Project Address with zip code				ı		ſ			
Parcel ID (s)									
Neighborhood (s) Census Tract Number (s)									
Council District (s)									
Council Member (s)									
Do you have a letter of support from the Council Member(s) for the project? (Yes/No)									
Project Components (mark all that apply):			Project endors						
				,) (-)			
	New Constru			Single-Family			Relocation		
Rehabilitation		n	Multifamily Has a lead inspection/risk assessment				Scattered Site		
LEAD —— Acquisition				ad Hazards at 1					
		luentineu Le	No						
Current Zoning				Yes		INO			
Required Zoning			ld	entify TARC Ro	oute #'s				
Form District				y					
Site Control		Option to Purchase							
		Long-term Lease Existing Infrastructure					_		
Deed		Deed	Sidewalks						
	•								
Please indicate the type of endorsement (letter) and/or request:									
General Endorsement			Certification with Consolidated Certification						
Community Revitalization Plan area Special Needs Acknowledgement:			Neighborhood Revitalization Plan						
	ent: Request for Metro owned vacant lots								
Financial Support Metro Funds requesting									
		'	victio i unus i	equesting			J		
Target Populations (mark all t	hat apply):								
Families w/ Children under 6			Mental Illness				Special Needs		
Physical Disabilities			Domestic Violence				HIV/AIDS		
Developmental Disabilities			Veterans				Brain Injury		
Recovery from Addiction			Single Parents				Elderly		
Application Type									
Urban Pool		Nonprofit		Tax-Exempt		4% tax			
UIDAII PUUI		Set Aside		Bonds		credits			
		Cahalar		1		9% tax			
HOPE VI		Scholar House		SMAL / AHTF		credits			
		House		l I					
Unit Mix	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	> 5 BR		
Number of each type							- · · · · ·		
Square Footage						 			
•			 			 			
Unit Rents									
Estimated cost per unit									

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Is this a HUD 202 (elderly) Is this a HUD 8II (handicap	o) development?	Yes Yes	No No					
Rent Restrictions (Pero Elderly Spec		50% AMI	30% AMI					
	velopment Cost							
Average Cost per unit Estimated value of Tax Credit Equity								
Development Team	A Grount Equity							
NOTE - Attach separate page wi	th Address, City/State/Zip, E	IN, Telephone/Fax/Cell number	s and email address on all en	tities below.				
Applicant Owner Developer Sponsor Other Partners Consultant Property Manger General Contractor Contact Person Architect Attachments - all items refere	·	, , ,						
	Attach a one page detailed project description including common areas with square footage, amenities, proximity to schools, churches, shopping, transportation, jobs, marketable attributes, energy efficiency, green construction techniques, etc.							
Sources and Uses. Color site pictures - identified with project name and property address. List of properties owned (solely or in partnership) by all members of the Development Team. Certificate of Good Standing with the Kentucky of State for all members of the Development Team. Certificate of Consistency with Consolidated Plan form (if requesting one) completed with all pertinent information. Community or Neighborhood Revitalization Plan & public record (CRP or NRP), if requesting letter. If project involves substanstial rehab of existing buildings, a capital/physcial needs assessment must be provided. Attach a letter of support from the Council member or members for the district(s) the project is located. Market Study. Please provide a date you must have your requested letter(s).								
Comments:								